

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

WESTERN STATE HOSPITAL

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INSPECTOR GENERAL

OIG REPORT # 72-02

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Western State Hospital (WSH) in Staunton, Virginia on December 3-4, 2002. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and access to Active Treatment.

Overall, the facility was clean and well maintained. Team members observed that 7 out of 12 bathrooms inspected had toilets that were not flushed. These recently renovated bathrooms have an automatic flushing toilet system. Hygiene products cluttered surfaces in shower areas. Upon a follow-up check several days later (December 12, 2002), the same toilet conditions remained. A seclusion room on one of the units had a clump of dried feces as well as smear marks noted on the wall. The on-duty nurse could not

identify the last time the room was used for seclusion. This area had been cleaned prior the re-inspection observations.

Staffing patterns were appropriate on the evening of the inspection and consistent with facility expectations. There were adequate numbers of staff present to safely and appropriately supervise these patients.

Western State Hospital offers active treatment programming in a number of psychosocial rehabilitation treatment mall programs. Patients are assigned for participation in one of these programs depending upon their level of functioning and stability. A wide variety of programming is offered both during the day and early evening hours.

This facility makes use of a number of behavioral programming strategies on the unit management level as well as in the formation of individualized assessments and treatment planning. Formal behavioral therapy plans are developed when the treatment team determines it is clinically indicated. This could be due to behaviors that are identified as dangerous to the patient and others, result in repeated PRN usage, or incidents of seclusion and restraint usage. Thresholds are established and referrals are made if thresholds are exceeded. Team psychologists have the option of referring a patient for consultation at any time. The facility also has a specialized behavioral management consult team, which provides behavioral consultation services throughout the hospital.

Behavioral Management is monitored and implemented on the unit through the team, by involvement of specialized consultants and through the behavioral management committee. Each of these components provides a specialized function in the development and oversight of behavior management within the facility. WSH has developed a method of integrating each of these elements so that a patient focus is maintained.

Facility: Western State Hospital

Staunton, Virginia

Date: December 3-4, 2002

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Anita Everett, MD

Cathy Hill, M.Ed.

Heather Glissman, BA

Purpose of the Inspection: To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with administrative, clinical and direct care staff. Documentation reviews, included but was not limited to; patient(s) clinical records, selected policy and procedures, and activity/program schedules. Activities and staff/patient interactions were observed during a tour of residential areas in the facility.

Unit Or Building: Members of the inspection team conducted tours of all treatment malls and Units A-1, A-2, B-1, B-2, C1/2, C5/6 and the Medical Center on the evening shift.

Time Of The Inspection: Tours were conducted in the evening and also the following morning.

PART I: STAFFING ISSUES

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| <p>1. Number of staff scheduled for this shift for this unit.</p> <p>DSA= Direct Service Assistant</p> | <p>Second Shift Tour:</p> <p>Unit A-1 19 patients</p> <p style="padding-left: 100px;">3 DSA, 2 RN, 1 LPN</p> <p>Unit A-2 19 patients</p> <p style="padding-left: 100px;">3 DSA, 3 RN, 1 LPN</p> <p>Unit B-1 20 patients</p> <p style="padding-left: 100px;">3 DSA, 1 RN, 1 LPN</p> <p>Unit B-2 22 patients</p> <p style="padding-left: 100px;">3 DSA, 2 RN, 1 LPN</p> <p>Unit C 1/2 23 patients</p> <p style="padding-left: 100px;">5 DSA, 1 RN, 1 LPN</p> <p>Unit C 5/6 22 patients</p> |

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| | <p>4 DSA, 2 RN, 2 LPN</p> <p>Med Center 21 patients</p> <p>2 DSA, 1RN, 2 LPN</p> <p>First Shift Tour:</p> <p>Stribling Mall 113 patients</p> <p>12 DSA, 1RN, 2PPN</p> <p>Barber Mall 17 patients</p> <p>6 DSA, 1 RN, 1 PPN</p> <p>Unit A-1 19 patients</p> <p>3 DSA, 2 RN, 1 LPN</p> <p>Unit B-1 20 patients</p> <p>3 DSA, 1 RN, 1 LPN</p> <p>Unit B-2 22 patients</p> <p>3 DSA, 2 RN, 1 LPN</p> |
| 2. Number of staff present on the unit? | All staff were present and accounted for. |
| 3. Number of staff doing overtime during this shift or scheduled to be held over? | Interviews indicated that there were no staff working overtime during the inspection. |
| 4. Number of staff not present due absence because of workman's compensation injury? | Interviews indicated there were not any staff members absent due to a workman's compensation injury |
| 5. Number of staff members responsible for one-to-one coverage during this shift? | Interviews indicated that there was no staff responsible for 1:1 during the inspection. |

6.Are there other staff members present on the unit? If so, please list by positions?

During the day shift, it was noted that therapeutic, medical and administrative staff were present on units and in treatment malls for programming.

Additional comments regarding staff: None.

OIG Finding 1.1: There were adequate numbers of staff present to safely and appropriately supervise the patients during the evening shift tour.

OIG Recommendation: None.

Staffing patterns were consistent with facility expectation during the evening shift when unit tours were conducted.

DMHMRSAS Response: DMHMRSAS appreciates recognition of WSH's accomplishment in staffing evening shift appropriately.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

| 1. Bed capacity for the unit: | Census at the time of the review: |
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| Unit A-1 - 19 | Unit A-1 - 26 |
| Unit A-2 - 19 | Unit A-2 - 25 |
| Unit B-1 - 20 | Unit B-1 - 24 |
| Unit B-2 - 21 | Unit B-2 - 24 |
| Unit C 1/2 - 23 | Unit C 1/2 - 23 |
| Unit C 5/6 - 23 | Unit C 5/6 - 24 |
| Med Center – 22 | Med Center - 23 |

3. Number of patients/residents on special hospitalization status

Interviews with staff indicated that three patients of the units inspected were on special hospitalization status.

4. Number of patients/residents on special precautions?

Unit A-1 - 4

Unit A-2 - 1

Unit B-1 - 2

Unit B-2 - 3

Unit C 1/2 - 0

Unit C 5/6 - 0

Med Center - 0

5. Number of patients/residents on 1 to 1?

Interviews with staff confirmed that there were no patients on 1:1 during the time of the inspection.

6. Identify the activities of the patients/residents?

Members of the inspection team toured the facility during both the day and evening shifts to observe patient activity and access to active treatment. The tours noted that patient activity was varied and individualized.

During the day the majority of patients attend a treatment mall. The day tour consisted of the Stribling Building, the Barber Mall and the Harvest Mall, which make up the three treatment programs offered throughout the day. The purpose of each program is to meet the patient at the current stage of their recovery. The Stribling Mall is the largest of the three, serving 130 patients with a selection of approx 64 classes/groups on the day the inspection was conducted. The classes/groups are offered from 9:30am – 3:30pm, and patients are expected to attend the classes/groups that have been established in their treatment plan. Depending on level of privilege, a patient may be escorted to the Stribling building or may go to the treatment center on his own. Once each class/group has commenced hall monitors check with instructors to make certain all are accounted for and if not will communicate via walkie-talkie to other staff to locate all patients and assure they are in the appropriate location.

The Barber Mall was also toured, this is the locked treatment mall located on the second floor of the Stribling Building. This area was toured during break time so patients were either walking in the hall or seated in one of two break rooms. The classes/groups offered in this mall are from 9:30am to 2pm and consist of 11 offerings.

The Harvest Mall, which is located in the Pettis Building Units A2 and B2, offers a selection of classes/groups from 9am – 3pm that consist of 39 different offerings. The common areas in the Harvest mall are nicely decorated and include blinds and curtains, pictures, a TV, radio, wall décor, games, and ample tables and chairs. During the observed break period, some patients were watching the news or listening to music.

The activities conducted during the evening, are primarily leisure due to the busy schedule of the treatment malls. Patients have time to play games, watch TV, do laundry, and make phone calls.

7. What scheduled activities are available for patients/residents during this shift?

Daytime activities consist of the therapeutic offerings provided by one of the four treatment malls and evening activities are primarily leisure consisting of playing games, watching TV or listening to music.

8. Are smoke breaks posted?

Smoking breaks are posted in the common areas of each unit toured. Staff related that patients have complained of having to go outside in unprotected areas such as courtyards to smoke, particularly during inclement weather. It was noted that the lack of shelters for smoking was consistently a complaint of patients.

9. Do patients/residents have opportunities for off-ground activities?

Please identify?

There is provision for some patients deemed to be safe to do so, to go on fieldtrips these generally are for lunch and to the local retail businesses.

10. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff revealed that snacks are offered in the evening between dinner and bedtime. Offerings vary depending on the unit and status of the patient.

11. Other comments regarding patient activities: None

OIG Finding 2.1:

Western State Hospital provides an array of active treatment options for patients in a variety of treatment mall settings, depending on each patient's level of functioning and stability.

OIG Recommendation:

None. This facility has an established process for reviewing and updating active treatment programming that is based on consumer needs.

DMHMRSAS Response: DMHMRSAS appreciates recognition of WSH's review process for updating active treatment programming.

PART III: ENVIRONMENTAL ISSUES

| AREA OF REVIEW: | Comments and Observations |
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| Common Areas | |
| 1. The common areas are clean and well maintained. | Inspection tours revealed that overall; the common areas on each unit were clean and well maintained. |
| 2. Furniture is adequate to meet the needs and number of patients/residents. | Inspection tours demonstrated that each unit had adequate and well-maintained furniture for the census on each unit. |
| 3. Furniture is maintained and free from tears. | Inspection tours demonstrated that each unit had adequate and well-maintained furniture for the census on each unit. |
| 4. Curtains are provided when privacy is an issue. | Inspection tours revealed that privacy is protected throughout all units toured through the use of curtains and blinds. Most specifically curtains are provided in the Medical Center due to the layout of pony wall socials. |
| 5. Clocks are available and time is accurate. | Inspection tours confirmed that clocks were centrally located and displayed the correct time. |

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| 6. Notification on contacting the human rights advocate are posted. | Inspection tours confirmed that posters regarding how to contact human rights advocates were centrally located. |
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| 7. There is evidence that the facility is working towards creating a more home-like setting. | Inspection tours demonstrated that the facility is working towards a more homelike setting, by posting artwork in the common areas and encouraging the patients to decorate rooms. |
| 8. Temperatures are seasonally appropriate. | Inspection tours confirmed that the temperature on each unit was comfortable and seasonally appropriate. |
| 9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted. | Inspection tours confirmed that each unit has a designated area located off the common area for family visits. The facility has a common practice of keeping visiting hours open at all times. |
| 10. Patients/residents have access to telephones, writing materials and literature. | Inspection interviews with staff revealed that patients have open access to telephones and writing materials. |
| 11. Hallways and doors are not blocked or cluttered. | Inspection tours revealed that hallways and doors are not cluttered and blocked. |
| 12. Egress routes are clearly marked. | Inspection tours revealed that all egress routes are clearly marked. |
| 13. Patients/residents are aware of what procedures to follow in the event of a fire. | Informal questions asked of patients by Inspection staff confirmed that patients are aware of procedures to following the event of a fire. |
| 14. Fire drills are conducted routinely and across shifts. | Inspection interviews revealed that fire drills are conducted quarterly. |

| Bedrooms | Comments and Observations |
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| 1. Bedrooms are clean, comfortable and well-maintained. | Inspection tours revealed that most bedrooms were clean and well maintained. There were some bedrooms that were messy, but the Inspection team was told that these rooms were cleaned at least weekly by the patients. |
| 2. Bedrooms are furnished with a mattress, sheets, blankets and pillow. | Inspection tours and interviews revealed that the bedrooms are furnished with a mattress, sheets, blankets and a pillow. There is a linen closet on each unit if extra linens are needed. |
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| 3. Curtains or other coverings are provided for privacy. | Inspection tours revealed that privacy is protected throughout all units toured through the use of curtains and blinds. Most specifically curtains are provided in the Medical Center due to the layout of pony wall socials. |
| 4. Bedrooms are free of hazards such as dangling blind chords, etc. | Inspection tours revealed that all windows are free of dangling cords. |
| 5. Patients/residents are able to obtain extra covers. | Inspection tours and interviews revealed that, there is a linen closet on each unit if extra linens are needed. |

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| 6. Patients/residents are afforded opportunities to personalize their rooms. | Inspection tours revealed that patients are afforded the opportunity to post artwork in their room, many patients had taken advantage of this opportunity. |
| Seclusion Rooms | Comments and Observations |
| 1. Seclusion and/or time out rooms are clean. | Inspection tours revealed that overall seclusion rooms were clean expect for one on Unit C5/6 which had feces stuck on the wall and smeared on the walls. A follow-up inspection conducted one week later verified that the facility had cleaned this seclusion room. |
| 2. Seclusion and/or time out rooms allow for constant observations. | Inspection tours revealed that the seclusion rooms allowed for constant observation. |
| 3. Bathrooms are located close to the seclusion or time-out areas. | Inspection tours revealed that on all units bathrooms were adjacent to the seclusion room. |
| Bathrooms | Comments and Observations |
| 1. Bathrooms were clean and well maintained | During the tour of the units it was discovered that 7 out of 12 bathrooms inspected toilets were not flushed, despite the automatic flushing toilet system. Hygiene products cluttered surfaces in shower areas. Upon a follow-up check several days later, the same conditions remained. |

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| 2. Bathrooms were noted to be odor free. | Inspection tours revealed that those bathrooms that had unflushed toilets had a foul odor. |
| 3. Bathrooms were free of hazardous conditions. | Inspection tours revealed that potentially hazardous hygiene products were left out in 3 of the 12 bathrooms inspected. |
| Buildings and Grounds | Comments and Observations |
| 1. Pathways are well-lit and free of hazardous conditions. | Inspection tours revealed that all pathways were lit and free from hazardous. |
| 2. Buildings are identified and visitor procedures for entry posted. | Inspection tours discovered that upon every building toured a visitor is first met by another staff member to sign in and then be escorted. |
| 3. Grounds are maintained. | Inspection tours revealed that the facility grounds are well maintained. |
| 4. There are designated smoking areas with times posted. | Inspection tours revealed that there are designated smoking times that are posted in each unit and a designated location for each unit to smoke. |

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| 5. Patients/residents have opportunities to be outside. | Inspection interviews with staff revealed that patients on more independent status was allowed to go outside throughout the whole year. | |
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OIG Finding 3.1: Unsanitary conditions were noted in 7 out of the 12 bathrooms inspected as well as one seclusion room.

OIG Recommendation: Have members of Buildings and Grounds conduct inspections of the bathroom to determine whether the equipment for the automatic flushing of toilets is functioning properly. Timely cleaning of the seclusion rooms following use needs to occur.

DMHMRSAS Response: A number of actions have been, or will be, taken to improve the cited sanitation conditions. WSH Physical Plant Services will complete a thorough review of all automatic flushing toilets by March 1, 2003. All ordinary problems will be addressed as part of this review. Should there be major operational problems that require unit replacement resulting in high cost, WSH Executive Staff will discuss these and develop an action plan by April 1, 2003.

In addition, the findings of the Inspector General have been shared with unit staff. Nursing Staff has already sent a reminder to all unit staff regarding ongoing maintenance of cleanliness for the seclusion rooms. Housekeeping staff will check each seclusion room at the beginning of their workday and will correct any sanitation problem found. This expectation has been communicated to housekeeping staff.

PART FOUR: APPLICATION OF PRINCIPLES OF BEHAVIORAL MANAGEMENT

Members of the inspection team reviewed documentation regarding behavioral programming and treatment planning as outlined through policy and procedures, minutes of the Behavioral Management Committee and patient medical records. Interviews were completed with clinical and administrative staff relevant to the behavioral management programming offered at the facility.

Western State Hospital makes use of a number of behavioral programming strategies on the unit management level as well as in the formation of individualized assessments and treatment planning. Formal behavioral therapy plans are developed when the treatment

team determines it is clinically indicated. This could be due to behaviors that are identified as dangerous to the patient and others, result in repeated unscheduled medication usage, or incidents of seclusion and restraint. Thresholds are established and referrals are completed for review of the individual's clinical status if thresholds are exceeded. Team psychologists have the option of referring a patient for review even when a prescribed threshold has not been met.

Unit management or rehabilitative milieu management is based on principles of behavioral management. This includes the use of unit rules and a point system including the provision of rewards for the successful completion of specific target behaviors.

The facility has a specialized behavioral management team. This team, under the direction of a clinical psychologist, provides behavioral consult services for the entire hospital. Members of the behavioral consult team complete chart reviews, conduct interviews with the staff and patient as well as gather observational data relevant to the patients' functioning, behavior and environmental conditions, such as staff-patient interactions. The team provides an objective and independent review of the many variables, which contribute to the identified concern for which consultation has been sought in most often very challenging individuals. Information is then communicated to the patient's assigned treatment team and assistance provided regarding the formulation of intervention strategies including a behavioral management plan. This team has had opportunities in the past to assist community programs in developing behavioral approaches for individuals discharged from the hospital. As team members have behavioral expertise, expanding upon their ability to assist whenever possible the transition of persons into the community would be very beneficial. It was reported that plans are underway for the various behavioral consultation teams across to state to meet to share experiences. The OIG supports this collaborative relationship and commends this effort.

OIG Finding 4.1: Western State Hospital utilizes behavioral programming both on the unit management level and in the formation of individualized behavioral therapy plans, as clinically indicated.

OIG Recommendation:

Review opportunities for expanding, as appropriate, the expertise of this team into community setting as an additional tool for assisting patients make a successful transition into community-based services.

DMHMRSAS Response: DMHMRSAS appreciates recognition of the fine work done by the Behavioral Consultation Team (BCT) at WSH. The BCT will modify its current referral form to explicitly include the opportunity for consultation related to transitional/discharge planning. The BCT will respond to consultation requests from CSB psychologists or other appropriate staff within resource capacity. Our Community

Services Director will make CSBs aware of this resource. Community staff will be allowed to attend training in behavioral knowledge/competence conducted at WSH.